Detroit Department of Transportation (DDOT)

Americans with Disabilities Act (ADA) Eligibility Package

**What is MetroLift?**
MetroLift ADA Paratransit Service is an advanced reservation, curb-to-curb service that is provided based on the applicant’s functional ability to use DDOT’s fixed route bus service. Paratransit eligibility is a determination of whether an individual can use fixed route transit in his or her own circumstances, not a medical decision. In special circumstances, a driver will provide door-to-door assistance. An application is necessary to determine eligibility for DDOT’s MetroLift ADA Paratransit Service.

**What is the ADA?**
The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, DDOT buses are to be the primary means of public transportation for Detroit residents, including people with disabilities. The Americans with Disabilities Act requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular fixed route bus system. To qualify for paratransit services, the applicant must be prevented from riding DDOT’s accessible fixed route buses due to a functional liability. This does not include persons who find it uncomfortable or difficult to ride the bus. All DDOT buses are 100% accessible for persons with disabilities.

**Who is eligible?**
Eligibility for MetroLift ADA Paratransit service is based upon a person’s functional ability to board or ride an accessible regular bus. Categories of eligibility for complementary paratransit service are:
A person who is unable to independently board, ride, and/or disembark from a ramp-equipped bus. This includes persons who are unable to “navigate” the large fixed route bus system without assistance of another person.
A person with a disability who has a specific impairment-related condition that prevents them from travelling to or from a boarding or disembarking location.

**Conditional Eligibility**-Some people with disabilities may be able to use DDOT’s fixed route regular bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by-trip basis.
**Temporary Eligibility** - A person with a temporary disability may be eligible for paratransit service if his/her functional ability to use the large fixed route bus system, as described in the above eligibility categories, for a length of time prescribed by a licensed professional.

MetroLift ADA Paratransit Service, hours of operation and transfer requirements are comparable to fixed route bus service. The DDOT ADA Paratransit one-way fare is $2.50, including a transfer. The DDOT ADA Paratransit service area includes any address that measures 3/4 of a mile or less from a DDOT regular fixed route bus stop.

**HOW TO APPLY for MetroLift ADA Paratransit Service**
The application for MetroLift ADA Paratransit service may be filled out by you or an authorized individual. Applicants must apply directly to DDOT by completing the attached application and professional verification form in its entirety. The professional verification form must be completed by a licensed professional. Applications are available online at DDOT’s website or at the DDOT Main Office. The application processing time (generally 1 to 3 weeks) will determine eligibility. If eligibility cannot be determined within the 21 day period, the applicant will automatically receive Temporary Eligibility Status. This will allow the applicant to temporarily use the service until a final determination is made. Incomplete applications may take longer to process or may be returned. Once the application is reviewed, the applicant will receive a determination letter along with instructions on how to proceed.

**Renewals**
Eligibility may be granted for up to three years. Renewal applications should be submitted at least 30 days prior to the expiration date of the applicant’s eligibility period.

**Right to Appeal**
Persons who disagree with the determination of their eligibility status may appeal the decision. Informal appeals may be requested within 30 days of the eligibility notice. Formal appeals must be requested within 60 days of the eligibility notice. Appeal decisions are made within 30 days of the review.

**Visitors**
If you plan on visiting the Detroit area and are eligible for paratransit services by an agency other than DDOT; or have a functional inability to use DDOT’s fixed route service, you may be given presumptive eligibility to use paratransit services for up to 21 days within a one-year period.

**Please return the completed forms to:**
Detroit Department of Transportation
Special Fares Division 1301 East Warren, Detroit, MI 48207 /Office number: (313) 933-1300
Applications will be processed within 21 days of receipt
DDOT’S ADA Paratransit Application  
(PLEASE PRINT CLEARLY)

Last Name: __________________________ First Name: _______________ M.I.: _______
Address: ____________________________ Apartment/Unit #: ____________
City: __________________ Zip Code: ___________ Date of Birth: ____________
Phone: ______________ Alternative#: ______________ Email: _______________

State of Michigan ID/Driver’s License Number: ____________________________

What is the functional ability that qualifies you for paratransit service?
________________________________________
________________________________________
________________________________________

Is this condition temporary? ____Yes/No____

Do you require a wheelchair? _____Yes/ No______

Do you require a Personal Care Attendant? ______Yes/ No_______

Do you have the ability to safely cross a street at a traffic signal? _____Yes/No____

How does your functional ability prevent you from getting to a fixed route bus stop, waiting at a fixed route bus stop or riding a regularly scheduled fixed route bus? _________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Would you be interested in learning how to ride DDOT’s fixed route buses? ____Yes/No____

Are there any other effects of your condition that we should know about? _______________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Please check the mobility aid(s) that you use.

__Manual Wheelchair__Powered Chair/Scooter__Cane for the Blind__Other Type of Cane

__Service Animal__Walker__Crutches__Braces__Other__None

How many blocks are you able to walk or wheel? ____4 or more__3__2__1
____Less than 1

Do you need information provided in an alternative format or language____Yes____No?
Other special needs (please explain) ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

In Case of Emergency Information

Emergency Contact Name: ______________________________________________________
(First Name) (MI) (Last Name)
___________________________________________________________________________

Telephone Number: ( ) ________________________________________________________
___________________________________________________________________________

I understand that MetroLift is a Federally Funded Program. I attest that the above
information is true and correct to the best of my knowledge. I also understand any of the
above information found to have been intentionally falsified will lead to immediate
termination from this program and/or being reported directly to the Detroit Department of
Transportation.

Signature ___________________________ Today’s Date__________________________

*Note: Applications not accompanied by a copy of valid identification, phone number, address and
completed professional verification form will be denied as incomplete.

OFFICE USE ONLY: Date Received ________ Date Entered _________ Staff ____________
PROFESSIONAL VERIFICATION

Attention Medical Providers:
The Detroit Department of Transportation (DDOT) Metro Lift Service is a federally funded service designed to transport individuals who are functionally unable to ride fixed route buses. The information provided will allow DDOT to make an appropriate evaluation of this request. Please respond to the questions below pertaining to the applicant as it is related to using public transportation. Thank you for your cooperation in this matter.

Please check your professional title:

- [ ] Physician–M.D., D.O.
- [ ] Physician–P.A., N.P.
- [ ] Chiropractor
- [ ] PT/OT
- [ ] Social Worker
- [ ] Optometrist
- [ ] RN/NP
- [ ] Rehabilitation Specialist
- [ ] Certified Orientation & Mobility Specialist

Client’s name ________________________________________ D.O.B ____________________________

Describe the client’s condition (your answer should include more than the diagnosis):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Which of the following major life activities are substantially limited by the client’s condition:

- [ ] Walking
- [ ] Seeing
- [ ] Speaking
- [ ] Hearing
- [ ] Breathing
- [ ] Learning
- [ ] Performing manual tasks
- [ ] Caring for oneself
- [ ] Sitting
- [ ] Standing
- [ ] Lifting
- [ ] Other ____________________

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How does the client’s condition prevent him/her from traveling using DDOT fixed route public transportation? Please provide details so it is clear why the client needs this specialized service.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Is the condition temporary?: Yes ______ No _______

If yes, please explain the length of the condition and the circumstances: _____________________________________________________________
_____________________________________________________________________________

Does the client need a Personal Care Attendant (PCA)? Yes___________ No __________

Professional Signature (PLEASE PRINT CLEARLY)
I certify under penalty of perjury under the laws of the State of Michigan that the information contained in this application is true and correct.

Print Name & Title: _________________________________________________________________
Address: _________________________________________________________________________
City: ___________ State: _____ Zip Code: _____ Telephone Number: ___________________
State of Michigan License, Certification, or Registration: ______________________________
Signature: _______________________________ Date: _____________________________

*Note: Applications not accompanied by a copy of valid identification, phone number, address and completed professional verification form will be denied as incomplete.